

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 12 PM 1:01

DOCUMENT # P97000064597

1. Corporation Name

Alvez Corporation

2. Principal Office Address

1100 North Federal Highway

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33304

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 25, 1997

5. FEI Number

65-0770204

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Peter Previti, Esquire

Street Address (P.O. Box Number is Not Acceptable)

5825 Sunset Drive

Suite, Apt. #, Etc.

210

City

South Miami

State
FL

Zip Code
33143

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 6/8/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Aldo Escobar	9725 SW 124 Terrace	Miami, Florida 33176
S/D	Maria I. Ordonez	12840 SW 98 Avenue	Miami, Florida 33176

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/00

Date

305-662-9504

Daytime Phone #

CR2E081 (9/99)